

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/17/2012
FORM APPROVED
OMB NO. 0938-0391

45th 6/25/12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445128	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 05/07/2012
NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, OAK RIDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 300 LABORATORY RD OAK RIDGE, TN 37831		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 021 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of:</p> <p>a) the required manual fire alarm system;</p> <p>b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and</p> <p>c) the automatic sprinkler system, if installed. 19.2.2.2.6, 7.2.1.8.2</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure fire doors would close to a positive latch.</p> <p>The findings include:</p> <p>Observation with the Maintenance Director on May 7, 2012 at 9:50 a.m. revealed that the fire doors in the dining area would not close to a positive latch.</p> <p>This finding was verified by the Maintenance Director and acknowledged by the Administrator during the exit conference on May 7, 2012.</p>	K 021	<p>1. Fire door has been adjusted to positive latch</p> <p>2. All doors are monitored for positive latch during monthly fire drills.</p> <p>3. Fire door has been adjusted to positive latch.</p> <p>4. Fire door has been adjusted to positive latch.</p>	5-11-12	
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD	K 062	1. Wiring attached to sprinkler piping was detached 5-11-12.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Hyman

5-22-12

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 062	<p>Continued From page 1</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview, and record review, the facility failed to assure the sprinkler system was maintained.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Observation with the Maintenance Director on May 7, 2012 at 11:30 a.m. revealed that in the stairwell, wiring was attached to the sprinkler piping. (NFPA 13, 9.1.1.7) 2. Interview with the Maintenance Director and record review on May 7, 2012 at 9:00 a.m. confirmed that the facility missed their first quarter sprinkler maintenance. <p>These findings were verified by the Maintenance Director and acknowledged by the Administrator during the exit conference on May 7, 2012.</p>	K 062	<p>Sprinkler maintenance performed on 4-24-12.</p> <ol style="list-style-type: none"> 2. No other deficient practice were identified. 3. New wiring in building will be monitored for proper installation. Quarterly sprinkler inspections will be monitored for proper timing of inspections. 4. Maintenance director will monitor installation of new wiring in building as needed, to ensure code compliance. Maintenance director will monitor sprinkler inspection to ensure Quarterly compliance. 	5-22-12	

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